

## Initial Session: Session Documentation Form

<p>Client ID Number: _____</p> <p>Session ID Number: _____</p> <p>Site Number: _____</p> <p>Risk Reduction Specialist ID Number: _____</p> <p>Session Date: _____</p> <hr/> <p>Client Information:</p> <p>State: _____ County: _____ Zip Code: _____</p> <p>Date of Birth: ____/____/____</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Transgender: <input type="checkbox"/> MTF <input type="checkbox"/> FTM</p> <p>UTC: _____</p> <p style="text-align: center; color: #ccc;">place sticker here</p> <p>If Confidential Test:</p> <p>Address: _____</p> <p>Phone Number: _____</p> <p>Best way to contact: _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%;">Date Made</th> <th style="width: 35%;">Date Confirmed</th> </tr> </thead> <tbody> <tr><td>Referral to:</td><td></td><td></td></tr> <tr><td>STD:</td><td>/</td><td>/</td></tr> <tr><td>Drug Trmt:</td><td>/</td><td>/</td></tr> <tr><td>Family Plnng:</td><td>/</td><td>/</td></tr> <tr><td>Prenatal/OB:</td><td>/</td><td>/</td></tr> <tr><td>TB:</td><td>/</td><td>/</td></tr> <tr><td>CHC/PHC:</td><td>/</td><td>/</td></tr> <tr><td>EI (HIV Ser):</td><td>/</td><td>/</td></tr> <tr><td>Mental Health:</td><td>/</td><td>/</td></tr> <tr><td>HIV/Prev:</td><td>/</td><td>/</td></tr> <tr><td>PCM:</td><td>/</td><td>/</td></tr> <tr><td>Alcohol Trmt:</td><td>/</td><td>/</td></tr> <tr><td>Immunization:</td><td>/</td><td>/</td></tr> <tr><td>Med. Ev. (HCV):</td><td>/</td><td>/</td></tr> <tr><td>Services (HIV+):</td><td>/</td><td>/</td></tr> <tr><td>Other:</td><td>/</td><td>/</td></tr> </tbody> </table> <p><input type="checkbox"/> No Referrals Indicated</p> <p>Follow-Up Method: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>		Date Made	Date Confirmed	Referral to:			STD:	/	/	Drug Trmt:	/	/	Family Plnng:	/	/	Prenatal/OB:	/	/	TB:	/	/	CHC/PHC:	/	/	EI (HIV Ser):	/	/	Mental Health:	/	/	HIV/Prev:	/	/	PCM:	/	/	Alcohol Trmt:	/	/	Immunization:	/	/	Med. Ev. (HCV):	/	/	Services (HIV+):	/	/	Other:	/	/
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<p>Race: <input type="checkbox"/> White</p> <p><input type="checkbox"/> Black</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> PI/Hawaiian Native</p> <p><input type="checkbox"/> AI/NA/AK</p> <p><input type="checkbox"/> Other/Multiracial</p> <p><input type="checkbox"/> Unknown</p> <p>Ethnicity: Hispanic</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Testing Today: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If not testing, why? _____</p> <p>_____</p> <p>HIV: <input type="checkbox"/> Anon <input type="checkbox"/> Conf</p> <p><input type="checkbox"/> HCV</p> <p><input type="checkbox"/> Syphilis</p> <p><input type="checkbox"/> Gonorrhea</p> <p><input type="checkbox"/> Chlamydia</p> <p>Other: _____</p>																																																			

Reason for Visit: _____	
Previously HIV Tested:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Date of Last Test: ____ / ____ / ____    Result of Last Test: _____
Summary of Client Risks and Risk Patterns and Triggers:         	
Last Possible Exposure/Risk Behavior(s) and Date:         	
Past Attempts at Risk Reduction and Current Client Support, including Services:         	

**Client Risk**

- ☐ Sex with Male A V O U
- ☐ Sex with Female A V O U
- ☐ Injection Drug Use
- ☐ IDU/Sharing Equipment
- ☐ Uses Drugs with Sex
  - ☐ Heroin/Opiates
  - ☐ Cocaine
  - ☐ Alcohol
  - ☐ Marijuana/Pot
  - ☐ Inhalants
  - ☐ Designer Drugs
  - ☐ Amphetamine/Speed/Crystal
  - ☐ Unspecified
  - ☐ Other

**Other Exposure for HIV and HCV**

- ☐ Occupational Exposure
- ☐ Other Needle Exposure
- ☐ Blood Transfusion/Transplant
- ☐ Other Blood Exposure
- ☐ Shared Straw to Snort Drugs
- ☐ Body Piercing/Tattoo-Unsanitary Conditions
- ☐ Blood Transfusion before July 1992
- ☐ Blood Clotting Factors before 1987
- ☐ Received Hemodialysis (kidney dialysis)
- ☐ About 50 or More Lifetime Partners
- ☐ Have Sex or Needle Sharing Partners with HIV
- ☐ Have Sex or Needle Sharing Partners with HCV

**Risk of Partner(s)**

- ☐ Have Sex or Needle Sharing Partners at risk for HIV:
  - ☐ Have HIV+ Partners
  - ☐ Have Male-male Sex Partners
  - ☐ Partners have Multiple Partners
  - ☐ Have IDU/Sharing Equipment Partners
  - ☐ Other Partner Risk

**Other Factors**

- ☐ Sold Sex for Drugs or Money
- ☐ Paid for Sex with Drugs or Money
- ☐ Homeless
- ☐ Migrant
- ☐ Client Forced to Have Sex
- ☐ Incarcerated
- ☐ Client has History of STDs
- ☐ Multiple Sex or Needle Sharing Partners